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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED IN ADDITION TO HOW YOU CAN REQUEST ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 4, 2024.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that information about you, and both your physical and mental health care is personal and private. I am fully committed to protecting your health information. As a licensed mental health practitioner, I am required to create and maintain a record of the care and services you receive from me to ensure I can provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice is intended to provide potential and current clients with the ways in which I may use and disclose health information about you. In addition, it is important that any potential clients, as well as all my current clients, are aware of your rights to access the health information I record in your personal file, and to be informed of the legal and ethical obligations I have pledged to uphold regarding the use and disclosure of your health information.

I am required, by Federal and State Laws, to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice outlining my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- If I make changes to any of the terms of this Notice, such changes apply to all the information I have about you. An updated Notice of Privacy Practices will be available, upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different scenarios in which I may use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

- A. Treatment, Payment, and(or) Health Care Operations:** Federal privacy rules and regulations allow me, as a licensed mental health care provider, who has a direct treatment relationship with you, my client, to use or disclose your personal health information ***without your written authorization***, to conduct clinical assessments, to provide quality care and treatment services, to seek payment for services rendered, and to maintain necessary health care operations within the scope of my private business practice. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if I need professional advice in relation to your treatment, I will communicate with a trusted, licensed clinical practitioner for a consultation. In this case, I will not reference you by name, but I am permitted to use and disclose your PHI, which is otherwise confidential, to receive professional advice that would assist me, as the clinician, in the diagnosis and treatment of your mental health condition(s). I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information to provide comprehensive, quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

- B. Lawsuits and Disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute; however, ***this will only happen IF efforts have been made to tell you about the request or to obtain an order protecting the information requested.***

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your written authorization ***unless*** the use or disclosure is:

- A. For my use in treating you.
- B. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- C. For my use in defending myself in legal proceedings instituted by you.
- D. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- E. Required by law and the use or disclosure is limited to the requirements of such law.

- F. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- G. Required by a coroner who is performing duties authorized by law.
- H. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you, and you are willing to participate, with the intention of sharing the review publicly online or elsewhere to advertise my services or my practice, **I will provide you with a release form and HIPAA authorization.** The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered “PHI,” I will send you a HIPAA authorization and request your signature regardless of the content of your review. Additionally, I will discuss with you any information I would like to share; if you aren’t comfortable with me sharing said information, I will respect your wishes. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You have the right to withdraw consent to any ROI, at any time, by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others, who may have copied your review from my website or from other locations, will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.

Sale of PHI. I will NEVER, under any circumstances, sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

- A. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons; however, I must meet certain legal conditions before I can share your information for these purposes:
- B. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- C. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- D. For health oversight activities, including audits and investigations.
- E. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
- F. For law enforcement purposes, including reporting crimes occurring on my premises.
- G. To coroners or medical examiners, when such individuals are performing duties authorized by law.
- H. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

- I. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- J. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.
- K. For organ and tissue donation requests.
- L. By law, I am deemed a MANDATED REPORTER. South Carolina law requires that certain professionals report known or suspected cases of child and elderly abuse or neglect. As a mental health practitioner, a client might disclose information related to the potential neglect or abuse of a child or elderly individual. If I have any suspicion, based on information a client has shared, that a child or elderly person is being subjected to neglect or abuse, I am legally and ethically bound to report this information to The South Carolina Department of Social Services Child or Adult Protective Services Departments. ***Mandated reporters must report abuse or neglect when, in their professional capacity, they receive information giving them reason to believe that a child's physical or mental health has been, or may be, adversely affected by abuse or neglect. A decision to report must be based upon a reasonable belief that a child has been, or may be, abused or neglected. Thus, mandatory reporters need not have conclusive proof that a child has been abused or neglected prior to reporting abuse or neglect to the proper authorities.*** If, as a mandated reporter, I fail to report suspected abuse or neglect, I am automatically guilty of a misdemeanor, and may be fined up to \$500, imprisoned for up to six months, or both.
- M. Duty to Warn: Should I determine, or pursuant to the standards of my profession should determine, that a client presents a serious danger of violence to another, I incur an obligation to use reasonable care to protect the intended victim against such danger. The discharge of this duty may require me to take one or more of various steps, depending upon the nature of the case. It may be necessary for me to warn the intended victim or others likely to apprise the victim of the danger, to notify the police, or to take whatever other steps are reasonably necessary under the circumstances.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to specify to whom I may provide your PHI - for example: a spouse, family member, friend, POA (Power of Attorney) or other person indicate and request to be involved in your care or the payment for your health care, or to share you information in the event of an emergency or a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believed it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

- A. The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- B. The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask me how to do this. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost-based fee for doing so.
- C. The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- D. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- E. The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
- F. The Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
- G. The Right to Revoke an Authorization.**
- H. The Right to Opt out of Communications and Fundraising from our Organization.**
- I. The Right to File a Complaint.** You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.